



STATE OF CONNECTICUT  
**DEPARTMENT OF TRANSPORTATION**  
 BUREAU OF PUBLIC TRANSPORTATION  
 REGULATORY & COMPLIANCE UNIT

DOT Use Only  
 CASE NUMBER: \_\_\_\_\_  
 DATE Received: \_\_\_\_\_

**Complaint Against Taxi, Livery or Household Goods (Moving Company) Service**  
 PLEASE PRINT

YOUR NAME:		HOME TELEPHONE	DATE:
STREET	TOWN / CITY	STATE	MOBILE TELEPHONE
EMAIL ADDRESS (REQUIRED)			
<p>I MAKE THE FOLLOWING STATEMENT / COMPLAINT, WITHOUT FEAR, THREAT, OR PROMISE. IN DOING SO, I ACKNOWLEDGE AND UNDERSTAND THAT ANY STATEMENT(S) MADE HEREIN WHICH I DO NOT BELIEVE TO BE TRUE, AND WHICH STATEMENT IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS/HER OFFICIAL FUNCTION, IS A CRIME UNDER C.G.S. SECTION 53a-157.</p>			

NAME of TAXI, LIVERY OR MOVING COMPANY:	DATE OF INCIDENT:	TIME OF INCIDENT:
LOCATION WHERE SERVICE BEGAN (Origin):	LOCATION WHERE SERVICE ENDED (Destination):	

<b>NATURE OF COMPLAINT:</b>

Vehicle Registration Number (If Known):	DRIVER NAME (If Known):	TYPE OF SERVICE:	( ) INTERSTATE (Connecticut to/from outside of Connecticut)
		( ) TAXI ( ) LIVERY ( ) MOVING	( ) INTRASTATE (Connecticut Only)

BY AFFIXING MY NAME TO THIS STATEMENT, I ACKNOWLEDGE THAT I HAVE READ IT AND/OR HAD IT READ TO ME AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

COMPLAINANT'S AFFIRMATION:	DATE:

PLEASE USE ADDITIONAL SHEETS IF NECESSARY. IF POSSIBLE, PROVIDE COPIES OF ANY RECEIPTS OR SUPPORTING DOCUMENTATION. PLEASE DO NOT SEND ORIGINALS.

Email to [dot.taxi-livery-complaints@ct.gov](mailto:dot.taxi-livery-complaints@ct.gov) or